

THE MEDICAL AND SURGICAL REPORTER.

No. 1210.]

PHILADELPHIA, MAY 8, 1880.

[Vol. XLII.—No. 19.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE PAINLESS CURE OF INTERNAL HEMORRHOIDS.

BY REUBEN A. VANCE, M.D.,
Of Cincinnati, Ohio.

In order to thoroughly comprehend the philosophy of the following method of treatment, a few remarks upon the anatomy and physiology of the rectum, and the nature, structure and manner of development of internal hemorrhoids, must be premised.

The commencement of the intestinal canal—the tube connecting the mouth and stomach, the œsophagus or gullet—and its terminal portion—the part extending from the sigmoid flexure of the colon to the anus, the rectum—present certain resemblances which are noteworthy. In length there is no marked dissimilarity; in structure both organs are built upon the same type. In both a mucous lining is invested by a double tubing of muscular structure, an internal circular, and an external longitudinal, layer, and a layer of cellular membrane intervenes. The œsophagus is a canal through which food passes on its way to be digested; the rectum is an avenue through which the excrementitious residue, at proper times, is voided. In both, during the greater part of the time, the muscular walls are contracted and their calibre is obliterated; it is only during the passage of materials to or from the digestive organs that the canal is open in either. Whenever the regular time for defecation comes round, the circular muscular fibres at the lower part of the sigmoid flexure relax; this in-

testinal movement corresponds with the sensation which the person recognizes as the first signal for emptying the bowels. The fecal matter passes from the sigmoid flexure into the rectum, and if the sensation then developed is heeded, and the person retires to the water closet, the bowels are regularly evacuated. But this physiological warning is not an imperative command; it is still within the power of the person to resist the call. As a general rule, the neglect to respond to this intimation is followed by a subsidence of the uneasy sensation, and the act of defecation can be postponed for from an hour to a day. In such cases the relaxation of the fibres at the sigmoid flexure, and distention of the rectum, are followed by an anti-peristaltic contraction in the walls of the latter; the rectum returns its contents into the colon, and the fibres at the sigmoid flexure re-contract. When the bowels are neglected and become irregular the rectum does not empty itself in the way indicated when the signal is given; in such a case the rectum becomes a reservoir for fecal accumulations. Instead of the rectum remaining empty and collapsed, like the œsophagus, its canal furnishes lodgment to masses of excrementitious matter which should have been evacuated. Whenever feces remain for any length of time in the rectum their watery portions are absorbed, and the residue is left in the intestine as a plug of hard, dry, foreign material. As foreign material it is irritating to the mucous lining of the intestine in contact with it, and tends to produce hyperæmia. The muscular efforts required to disengage it are also much more powerful than in health. A consideration of these circumstances shows not only how it is that neglect of the bowels produces con-

stipation, but how constipation inaugurates a set of evils which result in disease of the rectum.

There are few affections of the rectum more common than internal hemorrhoids; there are few that can be traced so directly to the influence of constipation. There are three well marked varieties of internal hemorrhoids; these three phases of the affection can be discriminated, by the predominating characteristic of their vascular supply, into "capillary," "arterial," and "venous" hemorrhoids. I have already remarked that hyperæmia of the rectum may be induced by constipation. It is also a fact that even in health an ordinary act of defecation is accompanied by more or less eversion of the mucous membrane of the terminal portion of the rectum. An exaggeration of this eversion of the lining membrane may be one of the first steps in the development of internal hemorrhoids, as a consequence of constipation. The interruption of the circulation, but momentary in health, may now be attended by a certain amount of serous effusion, or followed by a painful or uneasy sensation deep in the fundament; quite commonly there is more or less hemorrhage at the same time. Distention of the veins at the lower part of the rectum is accompanied by a tortuous course on the part of those which usually pursue a straight direction; the materials effused during defecation often glue their adjacent parts together, and render the loops thus formed a permanent condition of the venous trunks; while the effect of the sphincter upon the slight enlargement thus produced is to mechanically irritate the part, to increase the quantity of the morbid products in the submucous cellular tissue, and occasionally to induce either hemorrhagic extravasation or coagulation of blood in the affected vessels. The circumscribed enlargement thereby produced projects into the cavity of the rectum, and so stimulates the muscular structure of that organ as to excite prolonged and violent efforts to expel what feels like a foreign body in the lower part of the large intestine. The cedematous structures are grasped and pinched by the sphincter, and the morbid process already initiated is thus stimulated into greater activity. The connective tissue about the vessels becomes condensed and hypertrophied, the arterioles and venules enlarge and project more and more into the cavity of the organ, and the obstruction to the passage of fecal matter, which is very great during congestion of these parts, exists to a certain extent at all times. In advanced cases something like the following course can be traced. These circumscribed enlargements or "tumors,"

from daily contact with the mass of fecal matter as it is extruded from the bowel, are gradually pushed before it, and through the yielding of the loose connective tissue between the mucous membrane of the rectum and its muscular coat at the lower fourth of that organ, they are finally forced through the anus with a stool, carrying with them more or less mucous membrane in which they have developed. This constitutes prolapse of the hemorrhoidal tumors. When the sphincter muscles contract around these tumors their return is prevented, serous effusion is mechanically induced; sloughing, even, may be caused by this muscular strangulation. The mucous investments of these enlargements become granular and congested; the vast number of minute arterial ramifications in this mucous covering become dilated, and when irritated bleed profusely.

In the form of internal hemorrhoids called "capillary" there may simply be hyperæmia and thickening of the mucous membrane. It is this variety of the affection which so readily yields to the application of nitric acid. In the "arterial" hemorrhoid there is one or more tumors, with hypertrophy of the submucous cellular tissue; the name of the variety is due to the fact that large arterial trunks may be traced into the growths. This form of tumor yields readily to the treatment soon to be described. The "venous" hemorrhoid is a later stage of the arterial; the arterial trunks are no longer so prominent, but the hypertrophied submucous cellular tissue still remains. These tumors are the most common variety of internal hemorrhoids the practitioner encounters.

An enema of warm water, or water not too hot to be readily borne, suffices for the complete exposure of all forms of internal hemorrhoids. In order to understand the painless character of the treatment now advised, the practitioner should patiently investigate the sensibility of numerous cases of internal hemorrhoidal tumors. Inject as much warm water as the patient can stand; then, as soon as the enema is voided and the lower part of the rectum everted, exposing the hemorrhoidal tumors, carefully study the sensibility of the rectum about the tumors, the base of the tumors, and, finally, the summits of the tumors. As a general rule, when the tumors are uninfamed, the most sensitive part is a narrow band just at the base of the growth, where the lining membrane of the rectum is reflected on the hemorrhoid. This band may not be the tenth part of an inch in width. The rectum walls just beyond this band are slightly more

sensitive than the general surface of the rectum in the neighborhood. Tracing the sensibility of the tumor itself from the band encircling it at its junction with the rectum to its summit, it will be found that there is rapid loss of all perception of painful impressions as you pass from base to summit, until finally, at the top of the tumor, a needle can be run through its apex without exciting but little if any pain. This anæsthetic region at the top of the tumor varies in different cases; as the outlet of the rectum is neared, and more or less integument enters into the formation of the tumor, it grows smaller and smaller; on the contrary, the deeper they are situated the larger it becomes. In every tumor situated within the line marking the junction of skin and mucous membrane, a region of greater or less extent in which a needle can be passed without exciting but very little pain can be found, if sought for intelligently.

The recognition of this important fact is no discovery of my own. Dr. Bodenhamer, of New York City, described certain experiments which satisfied him that the mucous membrane covering the tumor was much less sensitive than that lining the rectum, and published the same in the appendix to his work on "The Physical Exploration of the Rectum," which appeared in 1870. As a result of my own investigations in this line, I can state that in certain cases there is an absolute loss of all sensibility to pain at the summit of internal hemorrhoidal tumors; that in all, the most sensitive part is the band I have described; and that in no case is the mucous covering of any other part of the tumor as susceptible to painful impressions as the normal lining of the rectum.

If a seton be passed through a swelling due to a collection of inflammatory products the nutritive processes are so modified that disassimilation and absorption are increased. In January, 1878, a gentleman came to me for advice, who suffered from four large internal hemorrhoidal tumors. In the largest of these growths there was complete anæsthesia of the summit, and I passed a needle with a doubled thread through the top, with the intention of strangulating the apex of the tumor. At this point he interrupted me to say that he could not be away from his business for a day that month; that, therefore, I must do nothing that would require him to lay up. Rather than withdraw the ligature I cut loose the needle and tied in the thread, leaving a loop about an inch long; there was not the sixth of an inch between the point where the needle entered the tumor and where it emerged. Five

weeks subsequently the same gentleman returned; a little parchment-like thickening alone marked the site of the tumor into the summit of which I had inserted the seton. The gentleman declared he had no more than the usual amount of discomfort with his rectum; that he was not conscious of anything unusual taking place there; yet the tumor had disappeared. I explained matters to him, and inserted two setons—one in each of the two purely internal hemorrhoids remaining—leaving one tumor on the border of the rectum and anus untouched. Through some misunderstanding I did not see him again for a fortnight; both tumors were then markedly diminished. In the end the setons sloughed out and both tumors were cured. The remaining tumor I have since excised, its situation at the junction of rectum and anus preventing the employment of either seton or ligature. Since my experience with this case I have had numerous opportunities of testing this method of treatment. It is only applicable in hemorrhoidal tumors which are not inflamed. The tumors, also, must be purely internal tumors; the deeper and larger the better. Again: there is nothing to prevent the patient continuing his ordinary avocations during treatment. Finally, I am led to believe that this is the method employed by certain irregular practitioners who have great reputations in rectum surgery; that they pass a seton in those cases of internal hemorrhoids that they undertake to cure "without pain or detention from business," and, of course, "without caustic or the knife."

In passing the setons it is necessary that the tumors be completely extruded. This done, by means of enemata of hot water, investigate the condition of the uppermost tumor; find the spot where sensibility is least, and pass a curved needle through the summit, being careful not to go too deep, or to bring the needle out too far from where it is entered. By attending to these points, the needle is passed without pain; yet, if passed too deep, or carried too far from the entrance, not only will pain be excited, but the rectum will contract and the tumors return. As soon as the needle is passed tie the ligature into a loop about six inches long; this loop will enable the surgeon to control the movements of the whole mass of tumors. Next, pass a ligature through each of the other tumors, making the threads double, and tying them so that there is not more than an inch of loop in all. Finally, draw down the upper tumor, by means of the double thread through it, and tie a knot in the latter, so close to the tumor that all the setons

may be alike in length; then cut off the superfluous thread and return the tumors within the anus. This done, the patient should be instructed to keep his bowels freely open, daily, but above all, to at once assume the recumbent posture should any pain develop in the parts. Cases vary widely in the disposition of the seton; in some this comes away within a fortnight, leaving an ulcer that continues open until the hemorrhoidal tumor disappears; in others, it remains until all the pathological products have been absorbed, and then drops out. In the cases in which I have tested this method I have been well satisfied with the result. It is worthy of trial in cases in which the patient cannot abandon his calling during treatment; in such cases the additional time required is of little consequence compared with the advantage of being able to keep at work while being treated.

If the seton sloughs out and the opening heals with some of the tumor still remaining, a new seton is to be passed, just as if none had ever been introduced. It takes from five to nine weeks to cure an average case by this method.

IODINE POISONING AND PUERPERAL CONVULSIONS.

BY C. H. MERRICK, M.D.,
Of Canyonville, Oregon.

It is with the hope of contributing something of interest to the profession that I send you this brief sketch of a fearful struggle I have just had with death, for the mastery of a young unmarried woman in this vicinity. Eight months ago I was called to treat her for excessive vomiting. Not then suspecting pregnancy, my attention was wholly directed to the counteracting of iodine poisoning from which she was suffering, in consequence of having used an immoderate amount of that drug upon her throat, to suppress a goitre. Absorption had been so rapid and complete, that the conjunctiva, in fact, the whole true skin of her body, was tinged with the color of iodine, and its peculiar odor could be detected in the vomited matter. She was then emaciated and debilitated to a painful degree, retching and vomiting having continued almost every hour for two or three weeks. Morphia, aqua calcis, carbo, chloroform, carbolic acid and other anti-emetics, were employed, with but little or no effect. Recollecting having read somewhere that iodide of potassium was an antidote or corrective of mercurial poisoning, the thought came, "why not reverse the matter." I ordered

R. Hydrarg. cum. cretâ, 4 | 00
Pulv. glycyrrhizæ, 2 | 00 M.

Divide into twelve parts.

SIG.—Take one every 6 hours, or oftener, if necessary to check vomiting.

The effect was very encouraging, the vomiting ceased for four hours after the first dose. The powders were continued at varying intervals for several days, the patient having not more than one or two attacks of vomiting in the twenty-four hours. Not the slightest indication of salivation ever appeared, although the prescription was many times refilled. The usual tonic treatment followed, and the patient recovered her usual flesh and strength.

While under treatment for the poisoning, the clinical thermometer was frequently used, and the variations of temperature were somewhat singular. The first trial, in the axilla, indicated 95°, that being the lowest observed during the treatment. Soon after checking the vomiting the heat mounted to 103°. The tonic treatment, principally quinine and iron, imparted force and regularity to the pulse, and reduced the temperature to nearly a normal standard.

Two or three months later I heard that my patient was dropsical, to which I remarked that that was not an unusual sequence in cases where the blood had been so poisoned and disorganized, as in scarlet fever, measles, snake bites, and some other diseases of the skin and circulatory system. Soon after, however, I saw her, and her complexion and general health convinced me that her "dropsy" was of that kind married ladies are frequently the subjects of, and which would require nursing at the proper time.

At the proper time I was summoned to her bedside, and as I entered the room, after a three hours' ride through the mud, she was having a fearful convulsion. As quickly as possible I ascertained that she had been in labor about ten hours; that she had been having "dreadful fits" for five or six hours, as many as fifteen or twenty during that time; that the child was low down in the pelvis, vertex presenting. Here was a case requiring quick thought and prompt action. Fortunately I had not "gone to the woods to chop and left my axe at home." I immediately applied the forceps and delivered my patient, who was totally unconscious, of an apparently dead child. Grasping the uterus through the abdominal walls, I excited it to contraction sufficient to expel the placenta. The little blood which flowed was as black as coal tar.

Physicians have their hobbies. If you ex-

amine the pocketcases and saddle bags of a dozen country physicians you will find, with the exception of a few standard medicines, an entirely different list of remedies in each. And yet these physicians are blessed with the usual amount of success with their patients. As I was then situated, many of the various and sometimes conflicting methods of treating puerperal convulsions flashed through my mind. My patient was wholly unconscious; pulse so fluttering as to preclude its being counted; breathing short and stertorous, and everything indicating a speedy dissolution of soul and body. To administer medicine by the mouth was impossible. With a hypodermic syringe I injected five drops of the fluid extract of digitalis into the patient's arm. The interval of rest to the next convulsion was lengthened half an hour. She had been having them twenty to forty minutes apart. Fearing that I might inject too much digitalis, at the next convulsion I injected ten drops of fluid extract gelsemium. The interval of rest was again lengthened, this time forty minutes. Symptoms of another convulsion appearing, I repeated the dose of gelsemium. The patient slept two hours, but on waking appeared dazed, and could not give an intelligent answer to questions. As she could now swallow I gave

R. Potassii bromidi,	50
Chloral hydrate,	30

at one dose.

Four hours of seemingly natural sleep followed, when she awoke and voided a large quantity of dark-looking and offensive-smelling urine, and to the question, "Do you want to see your baby?" she promptly answered, "Yes; where is it?"

After the first injection of digitalis her pulse steadied and became countable, numbering 130. Shortly after the injection of gelsemium the pulse was full and steady, at 100. Some may think the doses hypodermically were rather large, but I was satisfied with the result, so were the relatives and a large circle of friends who were present; and I received that praise and credit, in words and actions, always acceptable and grateful to every physician who does his duty, whatever may be the result of his treatment. Unfortunately, praise and credit is not always given when it is deserved, as once it was my ill luck to experience, in a case where my duty was truly and correctly performed; but puerperal mania seizing the patient, and "spirits" the husband, I was belied and misrepresented, instead of receiving proper credit.

To resuscitate the child I continued my usual practice of swipping it by the heels, which, al-

though it does look a little rough to spectators, seldom fails of the desired result.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

A Clinical Lecture by W. W. VAN VALZAH, M.D.

Reported by CHARLES R. CRANDALL, M.D.

Facial Paralysis.

Gentlemen: This man's name is Charles G., his age thirty years. His business is that of a bottler. His general health has always been good, with the exception of some annoyance and suffering due to nasal catarrh. He has also suffered more or less pain, of a neuralgic character, in the shoulder, neck and supra-orbital region. These pains, and especially those in the supra-orbital and frontal regions, were doubtless due to the catarrh.

About four weeks ago he noticed that his face had become suddenly drawn to one side, and that he had lost control of the muscles of the right side of the face. He tells me that he tried to move his face, as by laughing, but found he could not.

He also says that he has had some rheumatism or neuralgia from time to time, in years past, and even now has more or less pain of that character in his shoulders and legs. I have just interrogated him very closely, and he denies having had any specific disease, nor am I able to find any reliable traces of it about his person. He furthermore says that, when at work, he is exposed to cold drafts of air.

Symptoms.—Let us now turn our attention to the symptoms as we find them, and see what there is to base our diagnosis on.

In the first place, a glance at the patient's face, as he attempts to move the right side, shows a loss of power over the portions in the region of the occipito-frontalis, the orbicularis palpebrarum, the masseter, buccinator and other muscles supplied by the facial nerve and its branches. You will notice, also, considerable ptosis or falling of the right lower eyelid, and also that the right eye is somewhat suffused with tears. Continuing down the face to the nose, we find that the right side of the organ is involved and the ala nasi is depressed. He also tells me that the nostril on the right side is dryer than the one on the left. Passing downward to the mouth, we find the wrinkles obliterated, the power of expression impaired, and also a loss of motion about the right angle. I take the tongue depressor and examine the soft palate, and find that organ also drawn very slightly, if at all, to the left side. I might add that it is large and flabby, a fact which may be due to the catarrhal inflammation, which extends into the posterior nares and pharynx.

I now test the sense of taste, by sprinkling a little powdered aloes, first on the tip of the tongue and then on the back portion. He tells me it tastes bitter in both places and says he can taste his food when eating; hence, that sense is not impaired.

You have doubtless observed his difficulty in hearing. He informs me that he has been unable to hear well for a long time, and as I now hold my watch to his ear, on either side, he says he cannot hear it tick. This deafness may also be due to the catarrh, as that disease often extends into the Eustachian tube, and impairs the sense of hearing. Going yet further into the case, and testing the sensation on this right side with the aesthesiometer, I find it but slightly impaired. You will observe how he bloats out the right side of the face; the fact is due to loss of resistance in the right buccal region, and hence the face bloats out more than on the left side. Please to be particular to bear in mind that all these symptoms came on suddenly, as this fact has an important bearing on the diagnosis.

Diagnosis.—Taking all these symptoms into consideration, I feel warranted in diagnosing the case to be one of facial paralysis or, as it is often called, Bell's palsy. In fact, there are no reasons for attempting to differentiate it from any other disease, for there is no other like it. The only palsy having any resemblance to it is glosso-labial paralysis, but that, as is well known, involves chiefly the tongue and lower part of the face, while this extends over the entire right side of the face. Again, this is not a part of a hemiplegia, general in its extent, for there is no impairment of motion or sensation in the arms or legs.

Causation.—I wish, for a moment, to call your attention to the causes of this affection. There are several recognized, but there are four to which I will allude, as they are by far the most frequent: otitis, exposure to cold, rheumatism and syphilis. In the case of our patient the cause is doubtless due to exposure to cold, which has set up an inflammation in the sheath of the nerve and its branches. You will bear in mind that, although he works indoors, he told us at the outset that he was more or less exposed to drafts of air from without. My views as to the cause of the affection are largely confirmed by the reasons that the palsy came on suddenly, it is not general in its extent, and there is no well established history of either rheumatism, syphilis, otorrhœa, or injury.

Site of the Lesion.

The next point of interest in this case is to locate the seat of the lesion.

The question naturally arises, is the seat of the disease in the periphery of the nerve, or where the nerve passes through the temporal bone, or is it at the origin of the nerve? I have already intimated that the lesion is extra-cranial, and I must now give you my reasons for so believing. In the first place, let us note the course of the seventh nerve, as it is the nerve we are dealing with.

It arises from the medulla and floor of the fourth ventricle, it then passes outward along the crus cerebelli, it enters the internal auditory meatus, it then enters the aqueductus fallopii, and makes its exit from the stylo-mastoid foramen, and is distributed to the muscles of the face, as before mentioned.

It is possible for the lesion to have taken place either at the root of the nerve, or in the portion between the point of origin and the auditory

meatus, or in the temporal bone, or in the trunk and branches outside of the skull.

Now, if the seat of the disease was at the origin of the nerve it would doubtless have been due to serious changes, and there would have been marked cerebral disturbance; probably gradual and extensive paralysis and a history of some disease, as, for instance, syphilis; but there are no such symptoms in this case. Furthermore, electric irritability would have been lost; but it is not in this case. If the lesion was between the point of origin and the internal auditory meatus there would also be intra-cranial disturbance, due to pressure and thickening, and, in all probability, other nerves would be involved, as, for instance, the nerve of taste.

Again, if the lesion was seated in the temporal bone there would doubtless be a history of otorrhœa, necrosis, tumor or injury; but there is no such history.

Other points in favor of the view I have taken are the suddenness of the attack and the fact that the nerve responds to electricity. As I said before, electric irritability would have been lost had the seat of the lesion been at the root of the nerve, and it would have been badly impaired or temporarily lost had it been elsewhere, and due to any cause other than a cold. It has been found in this form of palsy, when due to cold, that electric irritability is not only retained but is often increased. As you saw, when I applied the electric current to this man's face the irritability was most marked, and you will bear in mind that this man was exposed to cold and drafts, and hence our reasons for believing that the lesion is extra-cranial and due to exposure to cold.

Treatment.—Having gone over this disease thoroughly, we come now to consider the treatment. I am informed by the chief of clinic that this man has been under treatment in the out-door department for several days.

Thus far the treatment has consisted in applying small blisters to the affected parts and also the internal use of iodide of potassium. This treatment is to be approved and persevered in for awhile longer, at least. There is no remedy to be compared to iodide of potassium for preventing cell-formation in connective tissue and at the same time promoting absorption. This man is now taking ten grains four times daily. I will suggest that the quantity be increased to twenty grains three times daily, and even more if the stomach will bear.

We will continue the blisters from time to time, and also apply the constant or galvanic current three times a week. It is considered that galvanism is most useful in this form of palsy, and that it tends greatly to promote absorption. Had we seen this case earlier we might have applied leeches and wet cups.

Subacute Rheumatism.

The next case I bring before you is that of M. O'D., aged twenty-five. He gives his occupation as being that of a common laborer. He complains of suffering from severe pains in different joints, and thinks he has rheumatism. Let us now proceed to examine him and ascertain what are his symptoms.

Symptoms.—He says he began to have these pains three weeks ago, and that they were chiefly in the joints of the arms. He does not remember that he has had any fever during the last three weeks, or that his skin has been hot and dry. We find at the present time that his tongue is fairly clean, his bowels somewhat constipated, his temperature about normal, and his pulse somewhat accelerated.

As I examine his shoulder joint on right side he complains of great pain and tenderness. I pass down to the elbow joint and find that sore and painful but not swollen or red. Going now to the left arm I find it also lame and painful at the elbow, and as I pass downward to the wrist I find that alike painful, but, in addition, considerably swollen. The patient has directed my attention to the right hip, and I find that that also is tender and painful on motion. So also the other large joints. Hence we have here a very general disease, and, I might almost say, one involving every large joint. Let us now examine the heart and see if the disease has invaded that organ. He tells me he had a pain there also a few days ago, but, as I listen, I am unable to discover any serious disturbance. I find the heart acting rapidly, irregularly, second sound quite pronounced, but no murmurs. The lungs are perfectly normal, and I am informed that there is no albumen in the urine.

Please notice particularly the extreme anæmic condition of this patient, for the fact will bear materially on our treatment.

Diagnosis.—From the history of this case, as well as from the symptoms before us, we have here a case of general subacute rheumatism.

If this patient had been confined to his bed and had suffered from high fever, hot, red, painful and swollen joints, acid sweats, acid and scanty urine, it would then have been a typical case of general articular rheumatism. But there has been none of these acute and febrile symptoms, hence, such a case as this is called subacute. As this case is so pronounced in all its particulars, I will not enter into any differential points between rheumatism, gout and rheumatoid arthritis but simply add that the seat of the disease is in the fibrous tissue of the large joints.

Causation.—As you are all doubtless aware, it is the generally accepted opinion that rheumatism is due to excess of lactic acid in the blood. This poison seems to have a tendency to attack the tissues of the body, but chiefly the fibrous, serous and muscular.

Treatment.—The treatment of rheumatism is and has been a matter of dispute. Many theories as regards the disease have been held, and a host of remedies have been advised.

Some advise acids, others alkalies, others the salicylates, etc., etc. If this case was acute, I would be justified in resorting at once to alkalies or salicylic acid. As it is, however, the case is subacute, and the patient very anæmic, hence another treatment is plainly indicated.

It is a case where the tincture of the chloride of iron is the one remedy above all others. I will advise, therefore, that this man have twenty drops of the tincture of iron every four hours. Besides this he ought to be kept from all exposure, the joints should be kept perfectly quiet,

and he should have a generous, nourishing diet, like milk, beef, eggs, etc. Instead of going about, as he is now doing, he ought to be put into bed in a moderately warm room, and kept there until well.

Anæmia.

This little patient to whom I now call your attention is Annie S., aged nine years. As her mother is here with her I will endeavor to get at the history of the case through her. She tells me that Annie has been rather delicate during the last three months, and that she has appeared to be wasting away quite rapidly for the three weeks just past. She goes on to say that the child has always been energetic, active and studious in school. About three months ago the child began to look pale, her appetite began to fail, her sleep became disturbed, and she has suffered from a slight cough. The mother says, in addition, that there have been no night sweats or sweats at any time, and that the child has a capricious appetite, and instead of being active, as formerly, seems to want to sit and lounge about. There is no history of a cold or sickness in bed, but there has been constipation, and probably more or less indigestion. The mother says the child had scarlet fever and measles several years ago, but never any malarial manifestations.

Symptoms.—As we now examine the child for ourselves, we notice at once her extreme pallor and the dull expression of her face and eyes. I might almost say that the skin and mucous membranes have even a pearly hue. As we look at her ears and lips they seem to be bloodless, and as I look at the conjunctiva I find every evidence of the most pronounced anæmia. I find the tongue to be clean but pale, and also ascertain that at the present time her bowels are very sluggish. She is also very thin in flesh and debilitated.

Diagnosis.—From the above symptoms our diagnosis is plain, and it is almost unnecessary for me to tell you that the case is one of marked simple anæmia. There are two chief forms of anæmia, idiopathic and essential. There is also what is sometimes called symptomatic anæmia, which exists as a symptom of some disease or exhaustive discharge. Again, anæmia may be due to some poisonous element in the blood, as malaria. Usually, however, idiopathic anæmia is due to mal-nutrition, which tends to impoverish the blood. In this case there is no history of any discharges or malarial poison, and the patient is too young and the duration of the disease too short to make it a case of pernicious anæmia. Hence, we are forced to the conviction that it is, as I said before, a case of marked simple anæmia, occurring in a girl of nine years.

Treatment.—I will ask a gentleman in the class what treatment he would suggest for a case of this kind. As you all heard, he replies, "improved hygienic surroundings and building up." He is perfectly correct in his views, and therefore I will advise that this child be given a good bath every morning, with tepid water, in which there has been dissolved a little salt. After she has been bathed she is to be well rubbed until the skin reacts nicely. Every

pleasant day she is to go out of doors, to walk or ride, but the exercise must not be of a nature to exhaust her strength. What she needs is refreshing exercise, an abundance of oxygen and a generous diet. In regard to her diet, which is of the utmost importance, I shall direct that she takes at least two quarts of milk in the twenty-four hours, and that she also have as much beef, eggs, mutton and bread and butter as she can eat. She ought to have five regular feedings a day.

Now, in regard to medicines, it has probably occurred to you all that the tincture of iron is plainly indicated. So it is; but I hesitate to prescribe it for her, owing to the fact that it is injurious to the teeth, especially as it would be taken by a child; and in her case the second teeth have just nicely come, and are a good set. There is another form of iron which I think will answer just as well, is free from the objection alluded to, and is taken much more readily. Therefore I will prescribe as follows:—

R. Pil. ferri carb., 3j.
(Vallette's mass.)

Ft. pil. in No. gr. xxx.

Sig.—Take one pill four times daily, and follow it by one teaspoonful of sherry wine.

In this prescription we will get good results from the iron as well as the gentle, stimulating and tonic effect of the sherry wine.

Infantile Dropsy.

I have still another little patient to whom I wish to direct your attention. His name is Thomas F., and his age is five years. His father is with him, and from him we will get the history. He tells us that this child had scarlet fever four years ago, and has never been well since. From that time the child has been nervous, has had a full abdomen and a rapid and irregular acting heart. These symptoms have been so marked as to attract the attention of the parents. The father goes on to say that the child has always had, during the past four years, this sickly look which you now see, and he has noticed that he did not pass his water as often and freely as he should. Furthermore, the child began to show more signs of failure about three months ago, and since then has had a dry, hacking cough. During this period the child has not spit any, has had no sweats, has had a poor appetite, has lost flesh, and has been very pale. I am told that there have never been any enlargements or ulceration of any of the glands. So much for the history of the case, and we will now proceed to examine the symptoms.

Symptoms.—As we look at the child we note the pallor, the look of suffering and the dull, heavy eyes. As I auscult the lungs I find sonorous bronchial rales on the left side, caused by a tough, tenacious mucus. The breathing is rather rapid and has a rough, harsh sound. There does not seem to be any trouble on the right side worth mentioning. It is not an uncommon thing to find one-sided bronchitis in children, but, as a rule, in adults it is about the same on both sides. As this child is very delicate, I will not percuss the chest; and besides, percussion of children is not of great value. With them the chest walls are so thin that the ear will usually detect all

that there is to be learned. I now place my ear over the heart and find its action to be rapid and the first sound very feeble, but do not find any organic disease. I palpate the abdomen, and find it rather large and flabby, but cannot detect any fluctuation. I do not see that the limbs are swollen, but the father says that the child's feet and ankles have been more or less swollen at times, for a year or more.

Diagnosis.—All the symptoms in this case point to a disease in the kidneys, which has probably existed since the child had scarlet fever. The liability to renal affections after that disease is very great, and the duration may be short or long. As this child's urine has not been examined with a glass, I will not pretend to say just what form of kidney disease it has. I will have the urine carefully examined, so that we will know exactly what we are dealing with. I will add, however, that the urine has been examined sufficiently to discover the presence of considerable albumen.

Treatment.—I am informed that this case has already been under treatment in the out-door department for a week. The child is now taking Basham's mixture and the tincture of digitalis, and in that manner is getting five minims of the tincture of iron and two minims of the tincture of digitalis, three times daily. As that treatment can hardly be improved upon we will continue it for awhile longer. In addition to the medicinal agents I will urge the importance of a generous diet of milk, eggs, beef, etc. I cannot insist too earnestly on the milk, for it not only nourishes, but keeps the kidneys acting freely. The child is not to have tea or coffee.

MEDICAL SOCIETIES.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Infantile Convulsions.

BY J. W. PLUMMER-BATES, M.D.

One of the most frequent as well as one of the most alarming and dangerous diseases of the first year or two of a child's life is convulsions. You have all seen them, and have many times been compelled to stand and see a child die, promptly, in spite of all your efforts to prevent. A witty physician has said that you never know what is going to be hatched out of an ostrich egg, and in many cases, I think, eclampsia is the medical ostrich egg. They may mean anything or nothing. They may occur as the first prominent symptom of serious brain disease; as the introduction of one of the eruptive fevers; as the result of rickets and a soft occiput pressing on the brain and cord; as a symptom of intestinal worms; from dental pressure; from indigestion and flatulence; from vesical disease, as passage of a calculus; from cutaneous irritation; and, sometimes, from a highly susceptible, irritable and nervous temperament, which may often exist in connection with a healthy and vigorous physical organization. In fact, they may be a symptom or complication of almost all diseases to which the child is liable; and there are cases

related in which violent emotion on the part of the mother produced such changes in her milk as to make it promptly fatal to her offspring. With so many causes producing; with the alarm produced in the family by their occurrence; with the thousand and one remedies which do no good if they do no harm, offered to you by all the old women; the pressure made to do something and to do it quickly; the physician has to work at a great disadvantage. When called to a case of convulsions you frequently find that the convulsion is over; the child lies languid before you, and, in many cases, all your experience and knowledge will not enable you to answer the question of the anxious mother as to whether it will have another.

Active cerebral congestion may result from exposure to the sun, in eruptive fevers, and from suppression of some eruption on the scalp. Our friend, Dr. Arnold, related, a few years ago, a fatal case occurring in his practice, caused, he believed, by the too speedy cure of disease of the scalp. Pertussis may produce a passive form of hyperemia, from the interference with respiration and circulation.

Convulsions occurring in the early stages of eruptive fevers are not usually of the grave significance that they are when met with later. In the child, convulsions have often the same meaning as delirium in the adult, and these cases may simply depend upon a high grade of fever, and not upon the intensity of the poison. Of course, a case of scarlatina may be ushered in by a convulsion, and the child may die within twenty-four hours, even before the appearance of the eruption, by the disease expending its force upon the cerebro-spinal system. In the latter stages of these fevers convulsions usually mean but one thing, and that is the death of the patient. We frequently meet with convulsions in the last stages of exhaustive diseases, as summer diarrhoea. In these cases I do not think the eclampsia indicates so much cerebral effusion as a cry from the nerve centres for more and richer blood. It is analogous to epilepsy produced by profuse bleeding. A few years ago a gentleman published an article on the pathology of infantile convulsions. According to his view they depended almost entirely on depression of the occipital bone and overlapping of the parietals; which depression was caused by the pressure of the mother's arm. His remedy was elevation of the bone by manipulation, suction, or, if these failed, the use of the elevator, as in a case of fracture of the cranium. In softening of the bones; from rickets, the occiput may make such pressure, but in the majority of cases I have failed to find any depression or overlapping of the parietals.

It is not necessary to describe convulsions, as you are all too familiar with them. They may arise from any cause, and may be general or partial; may involve the whole body or be limited to a limb, or even to a single muscle, as the twitching of the eyelid. The nervous system of a child is very impressionable, and an indigestible particle of food may be sufficient to keep a child convulsed until it is removed. Last summer I saw a case of convulsions which was produced, apparently, by a small piece of prune skin. After

its removal, by enema, she had no more well-defined attacks.

As to the causes producing this disease, the most frequent is intestinal irritation. Convulsions are not so frequently produced by cerebral congestion, and as a complication of the eruptive fevers they are rare, compared with the whole number of children attacked by these diseases.

The prognosis depends upon the severity of the attack, and on the age, strength and previous condition of the child. If there are predisposing or coöperating causes, as a nervous or excitable temperament, or dentition, the prognosis is less favorable than when such causes are absent. In sympathetic eclampsia the prognosis varies greatly, according to the nature of the primary disease, and often according to the stage of that disease. The prognosis is more favorable if the parallelism of the eyes is retained, the pupils remain sensitive to light, and consciousness soon returns. A fatal termination may be predicted if, after the convulsion, the child remains stupid, without any evidence of returning consciousness. We are told that certain prodromic symptoms may frequently be noticed, and by attention to these we may be able to ward off a convulsive attack. We can all read these symptoms correctly after an attack, but in many cases the prodromes attract no attention from the mother, and we are not called to see the child until convulsions are present; and in others the prodromes may apparently be present, and no convulsion result.

In the treatment the old rule holds good—remove the cause if possible; but in many cases the cause is difficult if not impossible of detection, and the symptoms have to be treated as they arise. You will usually find that the child has been put in a hot mustard bath before your arrival, and against this treatment nothing can be said provided a very small quantity of mustard is used. I think I have seen the convulsions aggravated by the intense cutaneous irritation produced by strong mustard water. Cold to the head, if it be hot, should be used in conjunction with the bath. Onions to the wrists and ankles are very popular with the laity; their application gives the friends something to do, and if they do no good they do no harm. If the attack is from stomachal or intestinal irritation I think an emeto-cathartic is good treatment, as calomel and ipecac., followed in a short time by a large injection, to thoroughly unload the lower bowel. To quiet the convulsive action I am accustomed to rely upon a combination of chloral hydrate and bromide of potassium, and have usually found it efficient. Chloroform I have used, but I cannot say that my experience has been favorable; as I only resorted to it when other remedies failed, probably I have not given it a fair trial. Dr. A. P. Merrill recommends giving it in teaspoonful doses to a child a few years old. I have never used it in this way. Trousseau recommends pressure on the carotids. Opium should be used very cautiously, if at all. If positive evidence of active cerebral congestion, leeches may be used to advantage. I have no confidence in oxide of zinc or the other antispasmodics, as assafoetida, valerian, etc. Musk is, however, sometimes useful.

The treatment of convulsions occurring in the eruptive fevers has to be governed very much by the condition of the cases and the stage of the disease.

Dr. Percivall. I can approve of almost every word the doctor has said, and especially in regard to the effect produced by the maternal milk. I practiced for years in Alabama, where it was the rule to send the women to the cotton field one month after delivery. There they would work all day, and carry in at night, on their heads, from 100 to 150 pounds of cotton. After this fatigue they would nurse their children, and I have seen many cases of fatal convulsions produced in this way. I think convulsions of cerebro-spinal origin can be distinguished from those of intestinal causation, by the action of the child. In the latter the child draws itself forward; in the former it throws itself backward. Cathartics will relieve one form, but when from brain trouble you will usually find spinal tenderness, and then blisters are of great advantage. The diet of children is all-important.

Dr. Arnold. There are two points which I wish to notice: First, in certain families there is a peculiar predisposition to convulsions from slight causes, and it has to be assumed that there is a neuropathic agency, and great care has to be used to prevent attacks. I do not believe that we possess any remedy for this condition. The great point with parents is to know whether the convulsion is epileptic or not. Infantile convulsions generally do well. We know that epilepsy appears at a very early age. We can distinguish, in the adult, epilepsy from other convulsions, but in children we cannot do it. No doubt a large number of cases of infantile convulsions are epileptic. The real pathology of convulsions is very obscure. Brown-Séquard can bring on epilepsy by irritation of certain zones, and these convulsions become hereditary. The neurotic cases may take the form of chorea, asthma or epilepsy. Anæmia, as well as hyperæmia or inflammation, will produce convulsions. I have long since followed the plan that the less you do the better. Take off the child's clothes, let in light and air, keep it as quiet as possible, and if there is no acute disease behind the attack the child will do well. Convulsions coming on while the child is in good health either amount to very little or else it is a case of epilepsy. Of course, if any irritation, remove it, and if fever and other symptoms be present there is something behind the convulsion.

Dr. Caldwell. I think chloroform is the great remedy, and would not like to treat a case without it. Have no experience with it internally, in the doses mentioned, and would be afraid to use it in such quantities.

Dr. Morris. When it was the custom to bleed for everything, I frequently saw convulsions after venesection.

Dr. Arnold. Have you ever seen convulsions after post-partum hemorrhage? Immense quantities of blood are lost, and yet convulsions never follow.

Dr. Monmonier. It was a common thing, during the war, to see men die on the battle field from convulsions; find them perfectly rigid, apparently frozen, in whatever act (as shooting, etc.) they might be engaged in.

Dr. Arnold. Was not that tetanus?

Dr. Monmonier. It was a tonic convulsion: you may call it tetanus if you please.

Dr. Morris. One of the causes not mentioned is malaria; the chill is frequently ushered in by a convulsion. I think the doctor is a little too sweeping in his condemnation of antispasmodics, as I have seen excellent effects from sumbul.

Dr. Cathell. Dr. Bates speaks of dental pressure as being one of the causes of convulsions; and all late works teach that incision of the gums is not good treatment. I have seen cases in which incision has been followed so promptly by cessation of the convulsion that it could only be cause and effect. I think the object is to cut across the nervous filaments, and this relieves the irritation, and it makes but little difference whether the tooth comes through or not. Should it heal, and subsequent symptoms demand, I should not hesitate to incise as often as necessary.

Dr. Scarff. I think the time you make this incision has all to do with it; if the gum recedes and lets the tooth through, you do good, but if a cicatrix forms, you do harm.

Dr. Lynch. Very probable that Dr. Scarff may be mistaken in the statement that cicatricial tissue is harder to penetrate; a cicatrix has less resistance than normal tissue. I agree with Dr. Cathell, that when the tooth is pressing on the gum I do not hesitate to incise; great benefit is derived from cutting the nervous filaments, and the pain of irritation is relieved. I am in doubt, however, as to dental pressure producing convulsions.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment and Complications of Nasal Polypus.

The *Lancet*, Feb. 21, 1880, informs us that at the meeting of the Medical Society of London, held on the 16th of February, Dr. Thudichum read a paper on polypus in the nose, its radical treatment by the electro-caustic method,

and its connection with asthma. His experience extended over more than three hundred cases. He never employs the forceps, as it is painful, injurious and ineffectual; and he described cases where severe permanent injuries had followed its use—*e. g.*, partial or entire closure of a nostril, membranous adhesions between turbinate bone and septum, dislocation of turbinate bone, fracture of septum, etc. His

own method obviated such risks. The polypus is drawn forward by hooks or fine forceps, and then included in the platinum loop of the electro-cautery. "Posterior rhinoscopy," or as it was preferably termed, "Choanoscopy," was useful for diagnosis but not for operating; and he thought Voltolini's and Zaufel's methods imperfect. He showed how atresia of the nostril was opened by burning inward into the closed loop and then excising the projecting parts; enlarged spongy or cavernous turbinate tissue by ablation in pieces. Ablation of the turbinate bone was effected by first cutting away the cavernous tissue with the electro-cautery, and then cutting away the bone with nippers, or chisel and hammer. Bony excrescences in polypi were similarly treated. Adenoid tumor of the choano-pharyngeal cavity he had removed through the nose by torsion and the electro-cautery. Epithelioma of the nasal cavity was soft, gave rise to great hemorrhage, and must be treated cautiously. Concealed abscesses of the nasal cavity, often of traumatic origin, were difficult to deal with. He had once met with abscess complicated with aneurism. He referred also to the treatment of fibro-cartilaginous growths on septum, and to fibrous, osteo-fibrous, and osteo-cartilaginous tumors arising on the roof of the pharynx. Chronic disease in the nose caused by foreign bodies was sometimes difficult to diagnose. Hearing was frequently affected from a polypus pressing on the Eustachian tube, and he had met with many persons who had been thrown out of career, employment or situation, by disease of the nose. The most common complication was asthma; about every fifth case of polypus had or had been suffering at one time from asthma, which frequently disappeared on the removal of the polypus.

Rupture of the Duodenum from a Blow on the Abdomen.

Lewis S. McMurtry, M.D., of Danville, Ky., writes to the *Louisville Medical News*, April 27th, 1880—

Two days since I was called to see a man, and while walking to the house received the following history: The patient, aged about forty-five, in good health, went out, about two hours after eating his breakfast, to catch a horse which was grazing in the yard. He approached the animal from behind, and when just in the act of placing his hand upon him received a severe kick in the abdomen. The horse was heavily shod, and dealt a quick, strong blow with the left hind foot. The man made his way to the house, and in fifteen minutes thereafter I saw him.

He was rolling in most intense agony, and referred the pain to the umbilical region. The extremities were cold, the pulse small, and he presented that array of symptoms which belong to shock. After placing him in bed, having his extremities rubbed with hot flannels, and administering about an ounce of whisky containing fifteen drops of the tincture of opium, reaction came on. But the pain continued, and it was a notable observation that it was, if possible, intensified by the whisky and laudanum. An examination of the abdomen disclosed no evidences

of injury. The skin was neither bruised nor broken, and the abdominal muscles were in hard contraction.

A short time afterward I administered a quarter of a grain of morphia hypodermically, and continued to exhibit the drug in this manner as frequently as seemed admissible. But the patient was never free from pain. Six hours after receiving the injury he was persuaded to take a small quantity of beef soup, but the stomach promptly rejected it.

At the end of twelve hours the patient's strength began to fail, and nineteen hours from the time of injury death released him from the intense suffering. The bladder had twice emptied itself of healthy urine, and there was no perceptible swelling of the abdomen.

Five hours after death I made a post-mortem examination, with the following result: Upon opening the abdomen a considerable quantity of bloody serum presented itself. The peritoneum was markedly injected, and lymph was already deposited upon the small intestine. Within the mesentery and within the peritoneal cavity, and surrounding the duodenum, was found a dark semi-fluid mass, which proved to be the partially digested contents of the duodenum. A careful examination of the intestine in the midst of this mass disclosed a rent into which the finger could be easily introduced. The opening was about two inches below the pylorus. Particles of beefsteak were found in the effused mass, and the whole was colored with bile and had a fresh, acid odor. Drs. Cowan and Johnstone, of this place, were present at the autopsy.

The following conclusions seem to be justified: The blow was received about two hours after the ingestion of a hearty meal. Digestion had reached that period where the point of greatest tension was in the duodenum. The blow was given to the abdomen as a whole, and the abdominal viscera were driven against the vertebral column. The rupture occurred at the point where the tension was the greatest. The autopsy also explains the increase of pain by the administration of whisky and laudanum, as these articles evidently passed through the pylorus into the peritoneal cavity. The case also illustrates the rapidity with which, under certain circumstances, inflammatory action spreads over the perineum.

Anatomical Reasons for Dextral Preference in Man.

John A. Wyeth, M.D., of New York, in an interesting paper on the above subject, which appeared in the *Annals of the Anatomical and Surgical Society*, of Brooklyn, N. Y., April, 1880, sums up his views as follows:—

1. Man is right-handed by preference, as a result of his anatomical development.
2. The arrangement of the embryonic protoplasmic element is such that the liver developing on the right side greatly outgrows its opposing viscus, the spleen, and pushes the heart to the left of its original position in the median line, causing an obliteration of one of the two originally symmetrical arches of the aorta, and an obliquity of the remaining one.
3. This loss of symmetry involves an arrange-

ment of the great vessels of the neck and upper extremities, by which the artery carrying blood to the right arm is more favorably situated and receives more blood than the one to the left arm, while the left carotid and vertebral arteries supplying the left half of the encephalon, which presides over motion on the right side of the body, are more favorably situated, and convey more blood than the two vessels which have the same distribution on the opposite side.

4. This fact accounts for the development of the left half of the brain in excess of the right.

5. It is not the slight excess in weight of the viscera of the right side of the abdomen, which is given by some to be the cause of right-handedness, who argue from this that man must lean to the left, i.e., balance himself upon the left leg, leaving the right extremities freer for action. It is a matter of cubic inches, of bulk, in fact, of cardiac displacement.

6. Education, training by persistent effort, will overcome the natural tendency to dextral preference, and will render the individual more clever with the non-preferred hand; more equally adroit with both sides of his body; more symmetrical in muscular growth; will tend to equalize the two halves of the brain, giving a better cerebral development, and will consequently render him more serviceable to society and himself.

The Therapeutical Value of Nitro-Glycerine.

A. W. Mayo Robson, F.R.C.S., of Leeds, writes as follows to the *British Medical Journal*, April 10th, 1880:—

During the last twelve months I have tried this remedy in migraine, asthma, angina pectoris and epilepsy. In migraine, one or two drops of a one-per-cent. solution produces, within a few minutes, a diminution of tension in the previously corded temporal artery, and relief of the pain, which in some cases does not return, but in others recurs when the physiological effects of the drug have passed off. As individuals are affected differently by nitro-glycerine, I always begin with one minim of the one-per-cent. solution, but sometimes find it necessary to increase the dose to three or four minims to produce the desired effect. In several cases of asthma it has relieved the breathing in a most remarkable manner; the cases in which it answers are such as would be relieved by amyl-nitrite, but its effects are more marked and the relief is more durable.

One case of severe asthma, occurring in a patient suffering from chronic renal mischief and mitral deficiency, is worth specially mentioning. I prescribed the one-per-cent. solution in the form of a minim to a drachm of water, and ordered two drachms to be taken every quarter of an hour till relief was obtained. My patient, however, had two large tablespoonfuls of the medicine given, instead of two teaspoonfuls. He said that the effect was wonderful; he thought his head was going to burst, but his breathing was effectually and permanently relieved, and that instantly. In this case amyl-nitrite, although inhaled in large doses on previous occasions, had given very little relief.

Since that time, several months ago, he has been threatened over and over again with his old attacks, but a dose of the medicine always staves it off.

In angina pectoris the relief given by nitro-glycerine is most complete; but as several cases have been reported in the journals, I need only mention it. The relief in these cases is not simply temporary ease from pain, but if the remedy be given thrice daily in gradually increasing doses, beginning with one minim of the one-per-cent. solution and steadily advancing to eight minims, the attacks lessen both in frequency and intensity. One of my patients, who has suffered severely from angina, always carries a bottle of the medicine in his pocket, and he tells me that by taking a dose of five drops when he is threatened with an attack it is always prevented.

I am trying it in some cases of epilepsy; but as yet my observations are not sufficiently advanced to be worth relating. I cannot see why, if it relieve the vaso-motor spasm in other diseases, it should not also have the same tendency in this most distressing disease; and, since its regular use in angina seems to be curative, I have hopes that here we may have a similar effect. Again, if the "aura" gave sufficient warning, it might be worth while to try if a good dose would prevent an attack.

I have not had a chance of trying it in seasickness, but should think it might do good; and it would certainly have this advantage over amyl-nitrite, that all the other occupants of the cabin would not be compelled to inhale its fumes for some time afterward, which is the case if amyl-nitrite be used in the ordinary way, much to the annoyance of those who are well.

Cough Produced by Accumulations in the Ear.

A. E. Bridger, M.B., reports the following case in the *Lancet*, March 6, 1880:—

The patient, a singularly robust young lady, consulted me in regard to a cough of some three years' standing. The cough was loud, incessant and peculiarly "hollow." It was dry, unaffected by times of day, seasons, or weather. It deprived her often of rest at night, and rendered her a source of annoyance and anxiety to her friends. She had consulted various medical men, and had taken almost every conceivable patent medicine, including some powerful sedatives, without obtaining even slight relief. The heart and lungs proved, as I had expected, to be healthy. The functions of the uterine, gastrointestinal, and renal systems were stated to be strictly normal. There were no symptoms indicative of the presence of entozoa. The condition of the throat was natural; there was no relaxation of the uvula. I had come to the conclusion that the cough must be of a hysterical nature, when it occurred to me to examine the ears. The left membrana tympani was plainly visible and healthy. The state of the right one was hidden by a dark mass. On touching this mass with a probe, through the speculum, the patient's peculiar cough was immediately produced, and by keeping up a very slight, steady pressure on it, a fit of coughing, not unlike a violent par-

oxysm in whooping cough, resulted. By the aid of a large ear-syringe and a weak, hot alkaline solution, a piece of hard wax, *fons et origo mali*, was with some difficulty produced. It weighed over three grains. I followed up the syringing by the use of Politzer's apparatus. The cough ceased, and though some weeks have now elapsed, it shows no sign of returning.

Diaphragmatic Pleurisy.

The London *Medical Record*, Feb. 15th, 1880, informs us that in an interesting work on this subject M. Hermil says that this affection is more common than is ordinarily supposed, and that in the cases in which it is primary it may be considered as relatively mild. The first part contains a very complete historical summary; the second a clinical history. This form of pleurisy commences like ordinary pleurisy, with fever, shivering, and pains in the side; all the symptoms, however, being less acute than in ordinary pleurisy. Effusion reveals itself by the ordinary signs, but never rises above the inferior third of the pleura, and rarely reaches that limit. The characteristic indications of the disease are neuralgia of the phrenic nerve, cardio-costal tenderness, and pain at the origin of the scalenus. After two or three days of slightly febrile state, effusion forms on the other side. This is always less considerable than the first, and need hardly be considered a complication; and even this new inflammation, far from inducing a recrudescence of the symptoms, appears to M. Hermil, in certain cases, to exercise a favorable influence on the evolution of the affection. This paradoxical amelioration is by no means one of the least interesting effects of the symptomatology of benign diaphragmatic pleurisy. (This work of M. Hermil is based upon sixty-two cases, of which a large number are personal; in these sixty-two cases there were thirty-three recoveries and twenty-nine deaths. But while there were twenty-eight deaths in the thirty-five cases in which the disease was secondary, there were twenty-three recoveries in the twenty-seven cases in which it was primary.—*Rep.*)

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—"Aspiration of the Knee Joint," is the subject of a reprint from the *Transactions* of the American Medical Association, 1879, by Dr. Henry O. Marcy of Cambridge, Mass.

—Dr. Charles Stedman Bull, of New York, sends us a reprint from the *Archives of Ophthalmology*, on the removal of foreign bodies from the eye, with four cases.

—We have received from M. C. Holbrook & Co., New York, a little monograph on muscle beating, or, active and passive home gymnastics

for healthy and unhealthy people, by C. Klemm, Manager of the Gymnastic Institution in Riga.

—In a reprint from the *Maryland Medical Journal*, for April, 1880, the prospective advantages of Baltimore as a medical centre are discussed by Dr. John Van Bibber.

—The twelfth annual report of the Pennsylvania Society for the Prevention of Cruelty to Animals has just been received, and also the annual reports for 1879, of the Academy of Natural Sciences of Philadelphia.

—Dr. Chas. W. Earle, of Chicago, in a reprint from the *Chicago Medical Journal and Examiner*, fully exposes the Cinchona Cure for Intemperance. After a very careful and unbiased investigation as to its merit, he states it as his belief that it is absolutely valueless, and that it has made more drunkards during the past year, in the city of Chicago, than any one saloon.

—Parts VII, VIII, IX and X of "Photographic Illustrations of Skin Diseases," by George Henry Fox, A.M., M.D., give excellent and life-like illustrations of various forms of lupus, epithelioma, trichophytosis, lichen, kerion, lepra maculosa, moluscum, erythema multiforme, phtheiriasis, scabies, and porrigio e pediculosis, accompanied by descriptions of the diseases under consideration. Published by E. B. Treat, No. 805 Broadway, New York.

—The *United Service* is a handsome magazine of about 125 pages, on excellent paper, and ably edited. It presents a monthly review of military and naval affairs, from the pens of some of the best writers in both branches of the service. Medical matters are not neglected. In the numbers for April and May, now before us, we observe articles by such distinguished officers as Rear Admiral Daniel Ammen, Commodore E. Simpson, Major General O. O. Howard, Medical Director E. Shippen, Professor John M. Brooke, and others. (Philadelphia, L. R. Hamersley & Co., 1510 Chestnut street. \$5.00 per year.)

BOOK NOTICES.

A Guide to the Practical Examination of the Urine.

For the Use of Physicians and Students. By James Tyson, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc. Third edition, revised and corrected, with illustrations. Philadelphia, Lindsay & Blakiston, 1880. Cloth, 8vo, pp. 183. Price, \$1.50.

In preparing the third edition of this work, which has now come to be regarded as the best textbook on urine analysis in this country, the

author has made but few additions or alterations. A few new cuts have, however, been introduced, chiefly to replace older ones, and some inaccuracies as well as typographical errors which existed in the second edition have been corrected. Although no physician should be without the necessary means of examining urine, the busy practitioner has seldom the time or the apparatus required for performing quantitative tests with the same accuracy as a chemist; but by the volumetric method, so well described in this little manual, a quantitative analysis, sufficiently correct for all practical purposes, is rendered easy, and requires but very little time for its performance. In testing for albumen it often occurs that if it be present in a small quantity only, it is redissolved by an excess of nitric acid being added; but this will be obviated if the method here laid down be followed. The same care to prevent possible error, we find, has been taken throughout the work. We can therefore heartily recommend it as a safe guide to urine analysis, both qualitative and quantitative.

Common Mind Troubles, and the Secret of a Clear Head. By J. Mortimer Granville, M.D., M.R.C.S., etc. Edited, with additions, by an American Physician. Philadelphia. D. G. Brinton, 115 South Seventh street. Cloth, 12mo, pp. 192. Price \$1.00.

This manual of mental hygiene is now for the first time presented to the American public, after having met with a most favorable reception in England. In the first chapter, on *failings* which the author says are "the worst and most mischievous, the deadliest and least curable, of the ills to which the moral nature of man is heir," he points out how these may be removed by self-improvement, and shows the criminality of neglecting to do so; this is especially the case with regard to such failings as we may have inherited from our parents, and upon which it is the custom to bestow great commiseration and little blame, although they are the least pardonable, because, if they are known to have been transmitted from parent to child, the latter has, generally, the advantage of an example, ever present to memory, by which to correct his personal deficiencies. In a similar manner he deals with *defects of memory, confusions of thought, sleeplessness from thought, hesitation and errors in speech, low spirits, and tempers—good or bad*, proving conclusively that the will, when guided by the intellect, is capable of overcoming most of these difficulties, if recognized

sufficiently early, which otherwise would lead to serious troubles. Then follow chapters on "*mental languor and listlessness, and morbid fear*, by the American editor, who regards these symptoms as forerunners of grave mental disorders, and therefore worthy of immediate attention. In the last chapter of Part I, on "*Creatures of Circumstances*," the author shows that "man is the master of circumstances," and that "those he has not himself created he can subjugate, and employ as means to his own noble and honest ends." In Part II the secret of a clear head is discussed in the same philosophical manner, and many excellent precepts are laid down, which, if heeded, would obviate much suffering. The entire book is replete with matter of interest to all, and it furnishes material for reflection to every thoughtful mind, together with special consolations and comfort for those who are unhappy. Although written chiefly for the laity, it is well worthy of being read by physicians as well.

Post-mortem Examinations, with Especial Reference to Medico-legal Practice. By Professor Rudolph Virchow, of Berlin Charité Hospital. Translated from the second German edition by Dr. T. P. Smith. Philadelphia, Presley Blakiston, 1012 Walnut street. 1880. Cloth, 8vo, pp. 145.

This little manual will be found very useful to those who have to conduct post-mortem examinations, as it will enable them, if they follow the minute instructions laid down therein, to do it in such a systematic manner as will ensure a thorough examination of each part of the body within the shortest space of time possible. The author points out the common error of limiting our anatomical examination to such parts as, from clinical observations, we suspect to be affected, instead of submitting every organ of the body to the minutest scrutiny. In order, however, to do so, it is necessary to adopt a definite method, from which we should deviate only under peculiar circumstances. The plan which the author has found to answer this purpose best is described in detail, and four cases are given as examples. Then follow regulations (as adopted in Germany) for the guidance of medical jurists in conducting post-mortem examinations for legal purposes.

The translator has performed his task admirably well, and the book, which contains four excellent illustrations, has been gotten up in the usual elegant style of the publishers.

THE
Medical and Surgical Reporter,
 A WEEKLY JOURNAL,
 Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

The terms of subscription to the serial publications of this office are as follows, payable in advance:—

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - -	8.25

For advertising terms address the office.

Marriages, Deaths, and Personals are inserted free of charge.

All letters should be addressed, and all checks and postal orders drawn to order of

D. G. BRINTON, M.D.,
 115 South Seventh Street,
 PHILADELPHIA, PA.

QUACKS AND THE MEDICAL LAW.

Not long ago the REPORTER pointed out to the profession the diploma selling concerns in blast in this city. As may be guessed, one of the results of these shops here is that scarcely a city in the Union is infested with a more numerous or more undesirable set of medical sharps and charlatans.

After bearing the infliction long, the public are beginning to grow restless of this nuisance. Much credit is due to the *Daily Times*, *Daily Record* and *Press*, for their persistent efforts to enlighten their readers on these quacks; and recently there has been some talk of a concerted movement among representatives of the respectable medical schools to secure legislation on this subject. This is not a new idea, as is pointed out by a writer in the *Daily Times*. The matter was very elaborately discussed five years ago, and the act of Assembly of 1875 embodied all the legislation that was then believed to be practicable. Whether this act could be made really efficacious for the suppression of medical quacks it is difficult to say, but there has never been any serious or systematic effort to enforce its pro-

visions, and it is a question whether it is worth while to try any fresh legislation until such an effort shall have been made. One difficulty, of course, in all such laws is, that it is nobody's business in particular to enforce them; but it is possible that the County Medical Societies, the representatives of the medical schools, or perhaps the Board of Health, might find a way, under the act of 1875, to accomplish something for the better protection of society.

Although this act does prescribe the "standard qualifications" for a practitioner of medicine, it was found impossible to devise any satisfactory means of ascertaining whether or not he possessed these qualifications, and the Legislature was compelled to fall back upon "the possession of a diploma, regularly issued by a medical school acting under a charter from this or other State or country," declaring that this "shall constitute the sufficient license for the person to whom such diploma is granted." Provision is made for the case of old practitioners, or of those who, not having a diploma, may be licensed by a board of examiners appointed by the Prothonotary of the judicial district; but these details are designed for the country, and have little application here. The point of the act, as regards diplomas, lies in this proviso: "That a diploma that has been or that may hereafter be granted for a money consideration, or other article of value alone, or that has been or may hereafter be granted to any one who has not pursued the usual course of studies required by a legally chartered medical school, shall not be considered as a sufficient qualification under this act."

It will be seen that the numerous pretenders who are practicing under diplomas purchased from quack colleges are living in violation of the law of the Commonwealth, and they are liable to prosecution for misdemeanor and to a fine not exceeding five hundred dollars or imprisonment not exceeding one year, or both; and "any person so convicted shall not be entitled to any fee for services rendered, and if a fee shall have been paid, the patient or his or her heirs may recover the same, as debts of like amount are now recoverable by law." This is really the only provision

that the act of 1875 contains for its own enforcement, and it simply amounts to this, that an unlicensed practitioner cannot recover his fees. Unfortunately, these men usually exact their fees in advance, and when the patient finds that he has been swindled he either says nothing about it or declines to throw good money after bad in a doubtful prosecution, and so the quack goes on his way rejoicing.

There are two or three obvious deficiencies in the act of 1875 that might, perhaps, be remedied by supplementary legislation. Not only is it nobody's business to prosecute the bogus diplomatists, but if any one did undertake a prosecution the burden of proof would rest upon him to show that the diploma had not been legally obtained. The only way to meet this trouble is to require the registration of all practitioners of medicine, the county authorities or the Health Office having power to exact satisfactory evidence of the lawfulness and sufficiency of each diploma or license. This would not go very far, but it would exclude the most ignorant, and therefore most dangerous, class of quacks, and would be a step in the right direction.

The Registrar of the Board of Health has adopted a very good rule, in refusing to issue a permit for burial unless the physician who signs the certificate of death is known to be a regular graduate of a recognized medical school, or, if not so known, can exhibit a lawful diploma, qualifying him for the practice of medicine. This is probably as much as the Registrar can do to discourage the employment of quacks, but unfortunately it does not go very far. After the quack has done his work and killed his patient, the Registrar may keep the unfortunate victim out of the ground for awhile, but he cannot undo the mischief and bring him back to life, and the quack continues his operations as before, taking the chances of getting his victims buried. It is evident that some more stringent measures than this are required to protect the community from the scoundrels who prey upon the weakness of the ignorant and credulous.

There is urgent need of such measures, and we trust they will not be long delayed.

NOTES AND COMMENTS.

Therapeutical Notes.

CHLORIDE OF SODIUM IN DIPHTHERIA.

G. F. Stewart, M.D., of White Depot, West Tennessee, writes to the *Louisville Medical News* that he has employed common salt in three well-marked cases, with the happiest result; perfect recovery, without any of the ordinary consequences occurring in any case. One of the patients had an axillary temperature of 107°, and recovered rapidly under the treatment.

Symptoms and Treatment of Renal Inadequacy.

Dr. Andrew Clark, in a paper read before the Medical Society of London, an abstract of which appeared in the *Lancet*, Nov. 29th, 1879, enumerated what he considered the special characters and appearance of patients who had been the subject of renal inadequacy for over four or five years: "They have at least a marked and striking physiognomy; they increase in flesh; they become puffy without being distinctly œdematous; the skin becomes drier, more shiny, and yellower; the features swollen almost to distention; the pupils are dilated; the lips and cheeks of a bluish red; the articulation deliberate and somewhat difficult, and the whole intellectual tone and manner subdued and slow." From one side the physiognomy was like that of pernicious anæmia, from another like that of chronic Bright's disease, and yet it seemed distinct from both. As to treatment, much might be done by good management, by which he meant the adjusting of the quantity and quality of the food to the diminished excrementitious activity, the withholding of such agents as directly lessen the secretory power of the kidney, aiding the kidney in its work by making the supplementary excretory organs fulfill that part of the work which the kidney was unable to do, and generally, by placing the patient in those conditions which would give the organism the greatest power for resisting the inroads of disorder, and for making sufficient compensation when complete repair was unattainable. The tepid bath, followed by vigorous friction, the use of warm clothing, and the avoidance of passing exposure to cold and damp, with gentle exercise daily in the open air, were indicated. The diet should be light; stimulants should be avoided, except to the extent of one glass of claret or other light wine, twice a day. The medicines he had found most useful were small doses of arsenic with reduced iron, at meals, and an

occasional mercurial alterative. If digestion was disturbed, he discontinued the iron and arsenic, giving the patient bitters with alkalies between meals, and a mercurial alterative every third night for two or three times. He concluded by narrating a case which he first saw some years ago. By a strict adherence to a limited dietary, and by the use of purgatives and diaphoretics, this patient improved so much as to consider himself quite well; whereas, when he was taking food and wine every two hours, it seemed that the more he took the worse he became. A very remarkable fact about this case was, that as his supplies of food and wine were reduced the patient's urine steadily rose in density from 1.008 up to a very fair standard; and in three weeks he left town declaring himself quite well. When seen six months ago this patient seemed and declared himself to be quite well, his only complaint being that he could not relax his dietary without being ill.

Treatment of Itch.

In a clinical lecture which appeared in *Gaz. des Hôp.*, February 10, 1880, Prof. Hardy states that he has since 1852 employed in the treatment of the itch the ointment composed of one part of lard, a sixth part of flowers of sulphur, and a twelfth part of subcarbonate of soda. So efficacious have proved thorough and almost violent frictions with this, continued for twenty or thirty minutes, especially at the natural bends and folds of the skin, that the cure is absolutely certain. Among from 4000 to 5000 adults so treated at the St. Louis, in only one instance was a repetition of the frictions needed. The ointment, after the rubbing, should be left on for several hours, or all night, without washing. Next day an emollient bath may be taken, which may be repeated every twenty-four or forty-eight hours, for a week.

Medicated Sponge Tents in the Treatment of Ulcerated Os and Cervical Endometritis.

Dr. E. W. Rush, of Paris, Texas, in a recent communication on the above subject, says—

I generally use the tent medicated with nitrate of silver. I find it more trustworthy than to attempt to introduce the stick of silver into the cervix, or, as recommended by some, to break a piece off and let it remain. I select a proper size tent, and further prepare it by heating a piece of white wax over a lighted candle and rub over the sponge tent until a firm coating is obtained; afterward smooth with a piece of glass, then

roll in finely powdered nitrate of silver; by this means the silver is imbedded in the wax, and its action is more gradual, as it takes some hours for the secretions to permeate it and reach the sponge tent; therefore we have in this process all the benefit of a mechanical pressure combined with a caustic to kill out the granulations of the cervix. I would here suggest that care be taken not to heat the tent in the process of the coating, as it would certainly destroy its powers of dilation. I prefer to introduce the tent in the afternoon and remove it on the following morning, keeping my patient in a recumbent position. On the removal of the tent I apply carbolyzed glycerine pledgets to the cervix, and again alternate with saline douches.

Persistent Vitality.

Mr. Sidney Henson, of Manchester, writes to the *British Medical Journal*, April 10, 1880—

I have a case under my care at the present time, a few particulars respecting which I think may be of interest. It is that of a female (married), in her seventy-first year, who was seized with paralysis on the 20th of January last, since which date she has taken no nourishment whatever, and yet, at the time of my writing this, is still alive and conscious. She was of spare habit of body before the attack, but is now positively nothing but skin and bone. Occasionally she swallows a teaspoonful of cold water; but this is attended with great difficulty. I did not think it possible that a person at her time of life could survive so long without taking nourishment.

Congenital Diverticulum of the Œsophagus.

Dr. E. Kurz relates, in the *Deutsche Medicinische Wochenschrift*, the case of a child three years old, which had since birth been subject to vomiting of food, both solid and fluid, soon after taking it. The solid matter, which was usually about a handfull, was mixed with mucus and had an acid reaction. The sound, when introduced, sometimes reached the stomach, but was more frequently arrested at a depth of nearly four inches by an obstruction which could not be overcome. The attacks became more intense; scarcely any food reached the stomach; and the child fell off very much. Dr. Kurz concluded, from the symptoms, that there was a congenital diverticulum of the Œsophagus, which, when filled, compressed the tube. The child came several times under treatment, the last time in a very miserable condition. An Œsophageal sound was passed into the diverticulum, and

through it water was poured in by means of a funnel; this escaped by the side of the sound, bringing with it a large quantity of mucus, coagulated milk and bread crumbs. After this had been entirely removed, the child was again able to swallow. From this time fluid food was used, and as soon as an attack of vomiting appeared, the washing out was repeated, and always removed the obstruction for a considerable time. In the course of the following summer there were only two attacks; the child was well nourished, and had much increased in size.

Loss of Weight in Epileptics.

Dr. Kowalewski states, in *Petersburg Med. Wochenschrift*, that from numerous observations which he has made on the conditions of the body weight in epileptic patients, both during the attacks and in the intervals, he has arrived at the following conclusions: 1. In all cases of epilepsy and in all forms of the disease, the weight of the body decreases after each attack, in proportion to the duration of the illness and the severity of the paroxysms. 2. In inveterate cases, where the paroxysms occur very frequently, and the organism has become accustomed to the attacks, the loss of body weight after a paroxysm amounts to only one or two pounds; while in recent cases, in which the paroxysms are rather unfrequent, it is considerable, amounting to as much as from three to twelve pounds. 3. When several attacks occur in succession, the greatest loss of weight follows the first attack, and after the others the loss is very small. 4. In all forms of motor or somatic epilepsy, the great loss of weight occurs during epileptic convulsions, amounting sometimes to as much as twelve pounds at a time; in epileptic syncope the loss of weight is much less. The greatest loss of weight—amounting sometimes to one-fourth of the whole body weight—takes place when there is insanity combined with epilepsy. The weight again increases a few days after the attacks.

The Eucalyptus Globulus as a Remedy in Catarrh.

J. Higham Hill, M.D., writes to the *British Medical Journal*, from San Francisco, as follows:—

I notice, in a recent number of the *Journal* (January 24th), under the title, of "A Rapid Cure for Cold," that Dr. Rudolf reports, in the *Gazzetta Medica Italiana*, some observations he has made on the remedial action of the eucalyptus in cases of catarrh. I presume he alludes

to the eucalyptus globulus, or Australian blue-gum tree, which flourishes in and around this city and throughout Southern California, where I have been traveling, and has quite a reputation as a medicinal tree. An infusion made from the green leaves and young twigs is, I am informed, on good authority, a well tried and very efficacious remedy in attacks of catarrh, which are of frequent occurrence here, and which, under its use, as a rule, quickly disappear. The leaves apparently contain a great deal of volatile aromatic matter, and, on fracture, give off a strongly camphoric odor. The trees are said to have a very salutary effect in counteracting any malaria which may exist in districts where they grow; they are also very handsome in appearance, and of rapid growth.

The Treatment of Exophthalmic Goitre by Hypodermic Injections of Morphia.

Mr. R. Park, in the *Practitioner*, for March, 1880, gives an account of an extreme case of exophthalmic goitre, in which morphia injected hypodermically for some weeks had a marked beneficial effect, so that the report concerning the patient after twelve months was "quite well and going about." He considers its *modus operandi* to be chiefly by increasing the inhibitory function of the pneumogastric nerve. Its action may have various explanations, viz.: 1. Induction of congestion in the supreme centres, intensifying their inhibitory function in all the lower; 2. Induction of anæmia of the congested sympathetic ganglia directly, thereby allowing the normal action of the pneumogastric to have full sway; 3. Or, it might be supposed to indicate congestion of the pneumogastric nucleus, thereby stimulating it and raising its inhibitory powers above their normal. Whatever may be the physiological explanation, the effects of morphia on excited cardiac action, either of reflex or of central origin, are very marked. These effects require often large doses to produce, and they cannot be maintained by administering the drug by the mouth.

Subcutaneous Injection of Ergotine in the Treatment of Prolapsus Recti.

We learn from the *British Medical Journal*, April 10th, 1880, that M. Émile Vidal has lately read before the French Academy of Medicine an account of three cases of prolapsus recti, which he had successfully treated by the subcutaneous injection of ergotine. The first case was that of a man aged 39, who had suffered from prolapsus for eight years. After five injections of fifteen

drops of solution of ergotine, a period of about two days intervening between the injections, the mucous membrane scarcely protruded at all. After the eleventh injection, it only came down during defecation, and returned spontaneously. The total number of injections made was twenty-two. Four years had elapsed, and the man remained perfectly well. The second patient, a female, aged 64, was cured after twenty-four days' treatment, and during the two-and-a-half years since the operations there had been no return: In the third case, a female, aged 45, who had suffered for two years, was cured in fifteen days, by six injections of twenty to twenty-five drops each. The solution used consisted of fifteen grains of Bonjean's ergotine to seventy-five minims of cherry laurel-water. The injections were made at the distance of one-fifth of an inch from the anal orifice. Acute pain always followed, accompanied by contraction of the sphincter, which lasted several hours. Several times, an injection of twenty-five drops of the solution produced spasm of the neck of the bladder and retention of urine for eight to ten hours. In no case was local inflammation or abscess caused by the ergotine.

Simple Polyuria Depending on a Cerebral Tumor.

Dr. F. Fazio relates, in *Il Morgagni*, the case of a female, aged twenty-one, who, previously to coming under the author's notice, had suffered for a period of three years from excessive thirst and polyuria, with occasionally vague pains in the head. There was present a constant relation between the amount of fluid imbibed and of urine passed, the specific gravity of which was 1.002, both albumen and sugar being absent. The quantity averaged eight litres in the twenty-four hours. The only nervous symptoms noticed during life—and they occurred very shortly before death—consisted in slight headache with dimness of vision. No ophthalmoscopic examination was made. The necropsy showed that a tumor of a sarcomatous nature, and about the size of a chestnut, occupied the base of the brain, at a spot corresponding to the *sella turcica*. It had caused complete degeneration of the optic chiasma, and had encroached considerably on the circle of Willis. The cerebral substance generally was anemic, but the condition of the ventricles was, to all appearance, normal. The author considers the case as important, inasmuch as it sheds a considerable light on the purely nervous origin of simple polyuria. He reviews the literature of the subject fully, and concludes that, in the present state of knowledge, the view that diabetes

insipidus is essentially a disease of nervous origin is, on the whole, preferable to any other.

The Removal of the Pharynx and Larynx.

We learn from the *London Medical Record*, April 15th, 1880, that this operation has lately been performed successfully by Professor Caselli, of Bologna. The case was one of epithelioma with stricture of the glottis. The first step in the operation was to perform tracheotomy, and then insert Trendelenburg's cannula; the next to lay bare the larynx and isolate it. This was then removed by means of the galvano-cautery, as were also the cricoid cartilage, and the pharynx as high up as the tonsils. The hyoid bone was next divided at its middle, and the base of the tongue amputated, together with the soft palate, the remaining portion of pharynx up to the level of the posterior nares, and both tonsils. The operation lasted three hours, and but little blood was lost, owing to the constant use of the galvano-cautery. The dressing was antiseptic, and the upper two-thirds only of the wound were brought together. An œsophageal sound and the cannula were both maintained in position. At the time of writing, i.e., fifty-three hours after the operation, the patient had completely recovered from the shock, and promised well. The operation proved eventually successful, and Professor Caselli has been able to adapt an artificial œsophagus and larynx.

The Transmission of Tuberculosis.

The *British Medical Journal*, April 17th, 1880, informs us that a contribution to the study of the transmission of tuberculosis was read at the meeting of the Paris Academy of Sciences on March 29th, by M. Toussaint. From experiments on pigs, he infers that where tuberculosis occurs in those animals it is analogous to galloping consumption in man. The bovine species, on the other hand, which have tuberculosis much more often, have most often the chronic variety. Hence, young pigs from tubercular parents soon die, and in adults which become tubercular the quick progress of the affection prevents reproduction. The facts also prove that tuberculosis is transmitted with the greatest facility (1) by ingestion of tubercular matters, (2) by heredity or lactation, (3) by inoculation with tubercular matter or blood, (4) by simple cohabitation.

—In our issue for April 24th a typographical error has crept in, Dr. Boenning's name having, by mistake, been spelled Boerming.

CORRESPONDENCE.

Iodoform in Otorrhœa.

ED. MED. AND SURG. REPORTER:—

Chronic catarrh of the middle ear is notoriously obstinate in its course, yielding to no treatment ordinarily resorted to by the average practitioner of medicine. Having been disappointed in the results of treatment, even the manœuvres of the specialists—such as the judicious use of Politzer's bag; inflating the drum cavity at regular intervals; systematic catheterizing and vaporizing with iodine; dilating the Eustachian tube; and all the internal medication usually employed—I was recently impressed with the idea of trying iodoform locally, and am surprised with the good results. Cases rebellious to everything usually done in such conditions have improved rapidly.

The following is my mode of treatment:—

With a cotton carrier or any convenient instrument, and fine, clean cotton wool, thoroughly cleanse the external auditory canal, down to the membrana tympani, using, of course, delicateness of touch, so as to render no pain or reflex irritation of the upper air passage, causing cough, etc. Then apply the following powder every three days, or oftener if the case requires it, *i. e.*, if there is copious discharge of offensive pus—

R.	Iodoform,	3 ij
	Tannic acid,	3 j.

Triturate very thoroughly, to an impalpable powder, and place a few grains of it in the end of an annealed glass tube about six inches long and $\frac{1}{4}$ of an inch in diameter. Then, with the thumb and forefinger of the left hand, pull the auricle upward and backward, thereby straightening the external auditory canal, and insert the loaded end of the annealed tube therein, apply the mouth to the other end of the tube, and give a gentle puff, throwing a whirlwind of medicinal dust down the passage, through the opening in the drumhead, if there be one, and there usually is in these cases, back into the mastoid cells, down the Eustachian tube, and completely storming the whole mucous lining of the auditory apparatus, and in a better manner than can be effected in any other way.

If there is no perforation in the drumhead—which can be easily determined by causing the patient to forcibly try to expire with the mouth and nostrils firmly closed, when ordinarily the air will rush through the Eustachian tube and out through the perforated drum with much force, and accompanied by a sound audible at a distance of several feet, hissing or bubbling in character, whereby the condition of the parts can accurately be determined by an experienced ear, and will not be forgotten when once heard and recognized—then I introduce the loaded end of a glass tube into one of the nostrils, compress the wings of the nose closely around the tube, so as to completely prevent the exit of air, then ask the patient to swallow, closing the mouth, at the same time giving a puff at the other end of the tube as before, and there is no escape for medicated air, which, of necessity, is driven up the Eustachian tubes and thoroughly medicates the entire dis-

eased surface. It may be better in some cases, if there is much irritation following this treatment, to substitute pure gum arabic for the tannic acid, thereby giving it a mucilaginous quality, and causing its adhesion and longer contact with the parts affected.

There is usually no unpleasant after effects, except the persistent offensive odor of the iodoform, which is greatly masked by the tannic acid. The iodoform is an anæsthetic and alterant, and promises to do more for this obstinate and important disease than anything yet devised, and is perfectly harmless. As to the danger of at once putting a stop to these long continued discharges, let me assure you that the danger lies in the opposite direction, *viz.*, of letting the malady progress until the bone becomes necrosed and the membranes of the brain become involved in the inflammatory process; then death is the usual result.

I hope you will not think me tedious in this article, and my only excuse for saying so much is the extreme frequency of the disease and the utter indifference with which very many of the practitioners of medicine treat it.

The reason the laity neglect these cases is, that the profession give so little attention to it, usually ignoring treatment entirely. If they do not know how to treat it successfully, they should at least know the importance of advising treatment by one who does, as the affection is certainly worthy of the serious attention of all lovers of the healing art.

In conclusion, let me urge upon the profession the importance of following up this simple plan of treatment, and you will be amply rewarded for your labors, relieving the pharyngeal catarrh which often exists in these cases, arresting the inflammation and suppuration of the middle ear, healing the perforated drum, and save to usefulness many a youth otherwise doomed to a sad life of deafness and isolation from society, shut out from the sweet song of the birds, the world of harmony, and the grand concert of the spheres.

S. D. POLLOCK, M.D.

Abingdon, Ill., April 20th, 1880.

Puerperal Convulsions (Fatal).

ED. MED. AND SURG. REPORTER:—

It was my intention to report with some minuteness a case of the kind which heads this communication; your space being valuable I will be brief as possible. The patient, a young married woman, primipara, expecting to be confined soon, was attacked at 11 o'clock at night, on the 28th inst., with a severe headache and vomiting. Not being called until about 8 o'clock next morning, after she had the first convulsion, finding her unconscious, talking incoherently when aroused, I attempted to administer a large dose of calomel and jalap, which she could not be prevailed upon to swallow. Returned to my office for croton oil and chloroform. The croton oil, with an equal quantity of olive oil, I placed upon her tongue, as I have done before with good effect, and commenced the administration of chloroform by inhalation, hypodermic injections of morphia and atropia, to be repeated hourly, sinapisms to ex-

tremities and blisters to nape of neck and occiput. Notwithstanding, convulsions continued, at intervals of half an hour, with increasing severity. Extracting about 15 ounces of black blood from the median basilic, after overcoming the prejudices of the husband, ordered enemas of turpentine and castor oil, in soap suds, the croton oil not taking effect. Suffice it, that after following the above treatment, with the exception of the croton oil, and twice repeated depletions and enemas, the latter remaining in the bowels, and distending the abdomen, no benefit ensued. Deeming the case hopeless, I so informed the husband.

On examination of the uterus, found the os soft and dilatable; as a last resort I ruptured the membranes and in four hours I delivered her of a dead fetus, with the aid of forceps. The convulsions ceased after labor pains came on, leaving her in a state of profound stupor, breathing stertorously, in which condition she remained until death, at 10 o'clock next morning. She had twenty-two convulsions. In the third month of pregnancy she had been frightened by an Indian with a scar upon his left temple and forehead, which impression was found upon the fetus. Having attended a dance last Christmas, from excitement and over exertion she was threatened with a miscarriage, prevented only by the free use of opium and rest. Again, a week before death, she became frightened at seeing an Indian have an epileptic fit. The patient, a most estimable young woman, looked forward to the time of her confinement with joyful anticipation, evincing no fear for the ordeal she would have to pass through. I respectfully ask the criticisms of your experienced readers.

J. F. THORWARTH, M.D.

Smith River, Cal., March 31st, 1880.

Membranous Enteritis.

ED. MED. AND SURG. REPORTER:—

After reading in the REPORTER, April 24th, the article on "Membranous Enteritis," by Dr. Hess, it occurred to me that a brief sketch of a similar case which is at present under my care might be of some interest to your readers.

Mrs. L., about forty years of age, has been suffering for nearly seven years from subinvolution of the uterus, with great irritability of the stomach, for which she has been under nearly all kinds of treatment. About the first of March she complained of severe pain in the hypogastric and right iliac region, with tenderness on pressure and some tympanites. Her bowels had for some time past been constipated, and there was considerable fever while the pain lasted. After having subdued the inflammation somewhat, and as soon as I deemed it prudent, I ordered a laxative, which brought away a large quantity of membranous flakes resembling tripe, though not quite so thick. This was accompanied by some pain, which almost ceased as soon as the bowels became quiet, but returned with the next passage, the membranes coming away each time for more than two weeks. No blood was noticed at any time. Since then membranes continue to pass about twice a week, although in less quantity, but always accompanied with severe pain. The

treatment consisted of anodynes and bismuthi subnitrat, administered internally, with poultices and blisters externally, also turpentine stupes. After the flakes began to come away the fever diminished, and has now entirely subsided, and under local treatment the uterine trouble as well as the gastric irritability are improving.

WILLIAM H. FISH, M.D.

Baylis, Pike Co., Ill. April 29th, 1880.

NEWS AND MISCELLANY.

Proposed Compulsory Vaccination and Revaccination in France.

In France, so the *Medical Times and Gazette* informs us, they propose to lead Europe in the right way as regards making revaccination as well as vaccination compulsory. The following are the provisions of a Bill brought into the Chamber of Deputies by Dr. Liouville: 1. Vaccination is obligatory, and must be practiced within the first six months of existence. 2. Revaccination is obligatory every ten years, viz., in the course of the tenth, twentieth, thirtieth, fortieth, and fiftieth years. 3. At the time of the registration of the birth of an infant, a certificate for vaccination is to be delivered to the person who declares the birth. This must be returned within six months, specifying the number of vaccine pustules, and signed by a doctor of medicine practicing in the commune. 4. The certificate must be presented to the civil authorities every tenth year, stating that revaccination has been performed at each successive period, and specifying the results. 5. Parents and guardians and other persons convicted of an infraction of the above clauses will be liable to a fine of from 1 fr. to 25 fr., and in case of repetition of the offence, to a fine of from 25 fr. to 100 fr. 6. The presentation of this certificate of vaccination shall be obligatory on entering any school, whether for primary, secondary, or superior instruction; on joining the army, and on admission into any of the establishments of the State. 7. Contraventions of this clause are punishable in the manner already recited. 8. Civil officers of State will cause to be annually compiled a list of those in their service who have not produced the certificates required during the past year. This will be forwarded to the *juges de-peace* in order that those who have contravened the law may be officially prosecuted. 9. This law will come into force within the year after its promulgation.

Cesarean Section Extraordinary.

The *Wiener Med. Wochenschrift*, No. 13, 1880, gives the following anecdote, on what appears to be unquestionable authority:—A poor woman at Prischina, not far from the Servian frontier, was in the pains of labor for three days, but to no purpose. In her perplexity she seized her husband's razor, cut open her abdomen and uterus, and got a neighbor to sew her up again, after the removal of the child! And now, after several months, mother and child are doing perfectly well.

Maltine Preparations.

The "Maltine" which is prepared by Messrs. Reed & Carnrick, of New York City, and which our readers will have noticed mentioned in our advertising columns, is a concentration of the nutritious ingredients of the several cereals, by the aid of some of the most refined processes of practical chemistry. We have had it in use for about a year past, and are not hasty, therefore, in expressing an opinion as to its value. We do so now, however, and one very decidedly in its favor. It has given very excellent results in wasting diseases of children, in exhaustion from chronic complaints, in the debility of convalescence, etc. It is supplied in the simple form of a nutritious extract, and also combined with various medicinal agents. In point of flavor, of keeping properties, and of positive results, we believe it will not disappoint those who will try it.

Medical Society of New Jersey.

The one hundred and fourteenth annual meeting of the Medical Society of New Jersey will be held in the lecture room of Physics, in the School of Science Building, at Princeton, on Tuesday and Wednesday, May 25th and 26th, 1880, commencing at 7.30 P.M., on Tuesday.

WM. PIERSON, JR., *Secretary*.

Orange, May 1, 1880.

Deaths from Snake Bites in India.

We learn, from the *British Medical Journal*, that during the past year 3168 persons died from snake bites in the Northwest Provinces and Oudh alone. This we believe to be a larger number than has been recorded any year previous, about 2000 being the average. As only 1697 snakes were returned as destroyed, we see that they had the best of it.

Personal.

—We learn that Dr. H. Gradle has recently been elected Professor of Physiology in the Chicago Medical College, vice Dr. D. T. Nelson, resigned, and we take this opportunity of congratulating the College upon this new addition to the list of able and distinguished professors taken from among its own graduates.

Items.

—We call the attention of our readers to the advertisement of the St. Nicholas Hotel, which offers them special inducements; the St. Nicholas is second to no other in New York in any particular, and its popularity is fully established by the high character of its regular patrons.

QUERIES AND REPLIES.

R. F. C., of Texas, writes—Will some reader of the *REPORTER* give me an antidote to opium taken habitually?

P. M., of Pa., writes—For some weeks our local

papers have been full of notices such as enclosed. Is such advertising consistent with the "Code of Ethics," and do not those assisting in the operations place themselves outside the regular profession?

Ans.—The notices you send us are certainly very objectionable, if inserted with the knowledge or consent of the "specialist" whose skill they extol, and all regular physicians would do well not to assist in these operations.

Pseudo-Ignoramus wishes to know how (a) parts of a fluid and (b) parts of a solid are to be dispensed? 2. Why, in the Metric System, the quantity of fluids and solids are alike indicated by grams (weight)? I don't see, says he, how we are to get at the c.c. measure from the gram, unless we always know the *sp. gr.*

Ans.—On the continent of Europe fluids are always weighed, but in this country and in England, when quantities of fluids are expressed in grams, we must understand 4 grams as being equal to f.3j, or, in other words, regard the fluid as having the specific gravity of water.

L. G. A., of Ky., writes—I have a case of venereal warts on glans penis, that has given me great trouble; one that I am very anxious to relieve. Will some medical brother please suggest something for the case? Patient, male, aged 25, had syphilis four years since; came to me four months ago. I removed them with knife, cauterized them with nitric acid. Treatment—Iodide potass. and bichloride mercury, powder of subacetate of copper, tannin and savine, as recommended by Dr. Gross; speedy return. I then, with scissors, pared the membranes freely, applied lunar caustic; result, return as before; also the third time with like result. Patient is in excellent health, and very anxious to get rid of this. What will some friend suggest? I have used calomel, and everything suggested by Gross and Ashhurst, in the best of works on the subject.

MARRIAGES.

ASHBRIDGE-BENNERS.—On April 15th, 1880, by the Rev. G. Woolsey Hodge, Dr. Richard Ashbridge, u.s.n., and Emily Baker, daughter of the late George W. Benners.

FEWSMITH-HENDRY.—At Newark, N.J., on the 21st ult., by the Rev. J. Fewsmith, D.D., assisted by the Rev. Peter Galbraith, of London, Canada, Joseph Fewsmith, Jr., M.D., and Jean Allan Hendry, daughter of Hugh Hendry, of Newark.

LA GRANGE-PECK.—April 15th, 1880, by Rev. N. G. Spalding, of Shodack Landing, N. Y., at the residence of the bride's father, John Harmen La Grange, M.D., of Glenham, N. Y., and Miss Mary O. Peck, of Stuyvesant Falls, N. Y.

SATER-SNOWDEN.—At Elizabethtown, Ind., April 20th, 1880, Dr. J. N. Sater, of Asalia, Ind., and Miss Jennettie E. Snowden, of Elizabethtown, Ind.

SHERBURNE-HASKELL.—The 29th ult., by the Rev. Dr. Rume, of St. Peter's Episcopal Church, Samuel Sherburne, M.D., of this city, and Miss Ida L. Haskell, of Blandford, Mass.

WHEATON-LANCASTER.—On the 20th ult., by Rev. George Cooper, pastor of the First Baptist Church, West Philadelphia, Theodore C. Wheaton, M.D. of Sea-ville, N. J., and Barsheba B. Lancaster, of this city.

DEATHS.

JONES.—On the 21st ult., Mrs. Lydia Leidy, wife of Dr. W. H. Jones, u.s.n.

RUNKEL.—On April 19th, 1880, at his residence, in Gettysburg, Pa., Dr. John Runkel, in the 95th year of his age.